culties I have mentioned; but it was not until this year that I had an opportunity. Four cases have come under my care, and the results are as follows:—

"CASE I. Miss D., æt. 16, had had hooping-cough a month, when I prescribed chloroform. There was no complication, but the hooping was frequent, especially during the night. She was directed to have the chloroform in readiness, and to use it with each paroxysm; and she assures me that in two days the hoop ceased. The cough lasted a few days longer, but it was slight, and not in kinks.

"CASE II. Miss A., æt. 20, had been ill with hooping-cough for about three weeks, when I prescribed chloroform. The cough was not very frequent, and there was no complication. Two days sufficed with her also to relieve her of the hoop; and the slight cough which remained subsided after a week or ten days.

"In these two cases, the effect seemed quite magical; both had the disease well marked, and the families of both were prepared for a disease of two or three months' duration, as was the case with these other children.

"CASE III. Miss B., æt. 18, took the complaint from her brother, whom I was attending, and I therefore had an opportunity of giving chloroform from the commencement. She did not hoop any time she coughed; but she was directed to use the chloroform whenever she felt the tickling in the larynx, without waiting for a cough. By doing so, she found that she could postpone the cough indefinitely; and if it came on suddenly, the use of the chloroform instantly suspended it. About three weeks elapsed, before the tendency to cough and the use of chloroform ceased; but during that time she lost neither appetite nor flesh. She slept well, was in good spirits, and able to follow her usual occupation. She went to the country quite well.

"CASE IV. Master B., æt. 16, the brother of the last case, when I first saw him, had the disease most severely. The kinks were violent and prolonged, the efforts to inspire and the hoop excessive; it really seemed as if he would be choked, or that something would give way. He had lost appetite, sleep, and spirits, although the disease had not lasted three weeks when I saw him. I tried chloroform with him, and it at once reduced the number of paroxysms one-half, but without mitigating them when they did occur. He took the chloroform very freely; and as he was not readily influenced by it, the quantity seemed to give him a headache, and he begged to be allowed to suspend its use. I the more willingly agreed to this, as he had a severe attack of diarrhœa. I therefore substituted two drops of prussic acid (Dub. Pharm.) with two or three of black drops three times a day. The improvement, begun under chloroform, continued under this treatment, and at the end of five weeks from the beginning of the disease the cough had ceased, and he had regained rest, spirits, and flesh.

"Although this last case cannot be regarded as cured by chloroform, the paroxysms were first diminished by it, and I have no doubt that it contributed to the beneficial effect of the prussic acid. The first three cases are, I think, very conclusive as to its value; and, if farther experience confirms them, we shall possess a means of cutting short this disease in adults, who, when attacked, suffer so severely.

"One word as to the mode of exhibition. In order to avoid the possibility of an overdose, I have never given the chloroform on a handkerchief, or by means of an inhaler, but have directed the mother (in the case of young children) or the patient to spill a little, say about thirty drops, in the palm of the hand, and hold this before the mouth and nose, sufficiently near to inhale it fully, but not so close as to exclude a portion of atmospheric air. The best time to begin is just as the patient feels the irritation in the chest increasing to a cough, but, if possible, before the cough commences; and the inhalation should be repeated with each return of irritation, unless headache be produced."

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41. *On Primary and Secondary Fibrinous Deposits.* By HENRY LEE, Esq. (Proceedings of the Royal Medical and Chirurgical Society, June 7, 1853.)—Fibrinous effusions into internal organs have not been distinguished, on the one hand, from effusions of lymph, and, on the other, from tubercular deposits; and the author relates cases where the disease was noticed both in the veins and in

the substance of the lungs. The separation of fibrin from the other portions of the blood answers many useful purposes in the processes of healthy reparation after injuries. When a bloodvessel is divided, one important element in restoration is the separation of the fibrin, which agglutinates the divided edges. Fibrin also furnishes a capsule to foreign bodies introduced into the circulating system. The author then proceeded to relate the particulars of a case of fatal hemorrhage from the umbilicus, in consequence of the non-closure of the umbilical vein and one hypogastric artery. The dissection was minutely described, and he compared the want of power here displayed with the phenomena witnessed in certain cases of erysipelas and diffuse cellular inflammation. When once the morbid deposition has been communicated to the blood, it matters not in what part of the vascular system the deposit occurs, the essential characters and subsequent changes which it undergoes will be found strictly analogous. The author proceeded to illustrate the effects produced upon the blood by the admixture of different diseased secretions, by relating the particulars of some experiments upon the recently-drawn blood of the horse. He divides deposits of fibrin into primary and secondary, and draws these general conclusions: 1. That the blood may, under certain circumstances, deposit from itself a fibro-albuminous element, either in some of the larger vessels of the body, or in the structure of internal organs. 2. That the process is not of an inflammatory character, and may occur either with or without the intervention of a membrane. 3. That the changes in the blood which immediately precede such an action may be caused by the admixture of vitiated secretions. 4. That the deposit, when formed, is capable of undergoing various changes, which issue in the formation of purulent-looking fluid, and is capable, during these changes, of communicating irritation to surrounding fluids.

42.' *Ovarian Cyst containing Brain.* By Henry Grey, Esq. (Proceedings of the Royal Medical and Chirurgical Society.)—The attention of morbid anatomists had been directed for many years to the structure of ovarian cysts and their contents, and especially to those which apparently contained fœtal remains, with a view, if possible, of determining their origin and mode of growth. It was the doubts that still hung over this subject, that induced the author to believe that the present case might prove of interest, and that at some future time it might aid in explaining the law that governed the singular developement and mode of growth of these tumours. The patient was a female, aged twenty-eight, who died in St. George's Hospital of typhus fever. A full record of the *post-mortem* appearances was given, but the contents of the pelvis relate more especially to the present subject. The vagina was healthy; the uterus was somewhat larger than natural, and its muscular wall thickened. The membrane lining its cavity was covered throughout its entire extent with a highly vascular villous membrane, resembling the decidua. The round ligaments were both healthy; the right Fallopian tube more dilatable than natural, and contained a thin bloody fluid; the right ovary was healthy; the left Fallopian tube was healthy. The left ovary was occupied as a large cyst, the size of an orange; the lining membrane of the interior of the cyst was vascular; its wall was composed of an external peritoneal layer, an inner, smooth, shining coat, devoid of epithelium. The cavity of the cyst contained a few short, light-brown hairs. The lower half of the tumour consisted of a second cyst, containing some yellowish, white, purulent-looking fluid, with some granular fatty matter of the consistence of honey, scaly epithelium, and fine hairs of a brownish colour being intermixed with it. The fatty matter was found to be fluid at less than the natural temperature of the body. The hair, on being separated from the matter, was found to be attached to the wall of the cyst by distinct bulbs. A portion of the wall at the lower part of the cyst presented an appearance similar to the surface of the scalp; there was a thick layer of scaly epithelium mixed with fat covering the surface; numerous sebaceous glands were indented into this layer, and a canine tooth projected from the skin, fully formed; it was implanted into a fragment of bone, covered with periosteum. There was a third cyst situated near the fragment of bone, about the size of a walnut, the wall of which was delicately vascular, forming meshes resembling the pia mater; the contents of